

Registration District No. 660

Primary Registration District No. 4396

1. PLACE OF DEATH:

(a) County Perry  
 (b) City or town Perryville, Mo. Tenn.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
409 So. Main St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PERRY  
 (c) City or town PERRYVILLE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. SOUTH MAIN STREET  
 (If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME FRANK ANTONIO BUCHHEIT

3. (b) If veteran, name war..... 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED  
 6. (b) Name of husband or wife. ANNA MARY SCHONHOFF 6. (c) Age of husband or wife if alive. 57 years  
 7. Birth date of deceased. January 26, 1878  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>4</u>	hr. min.

9. Birthplace Mascoutah Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Buchheit  
 13. Birthplace New York N.Y.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Legarda Bierk  
 15. Birthplace PERRY COUNTY MO.  
 (City, town, or county) (State or foreign country)

16. (a) Informant A. B. Buchheit  
 (b) Address Perryville Mo.

17. (a) BURIAL (b) Date thereof NOV. 2, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Boniface Catholic Cem.

18. (a) Signature of funeral director Bey Funeral Home  
 (b) Address PERRYVILLE, MO.

19. (a) Nov-1-41 (b) Joe J. Zellner  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th  
 year 1941 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from Oct 10 1941 to Oct 30 1941  
 that I last saw him alive on Oct 30 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis  
 Duration 5 yrs

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 878

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Oscar Curran (M.D.)  
 Address Perryville Mo. Date signed 10-31-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address..... *Derryville, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**